

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82/ Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1887.

Full Name of Deceased, Catherine Frisbie  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 86 Years, 8 Months, 7 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, Widow  
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Baltimore, Md.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, 1714 Gough St.,  
{ Give Street and Number. }

Cause of Death, Old Age  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 3rd 1887

Undertaker, Henry Mitchell DW Cathell M. D.  
Medical Attendant.

Place of Business, 208 S Broadway Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 822 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 1/89  
Full Name of Deceased, E. J. Banks  
Sex, Male or Female, Male  
Age, 7 Years, 7 Months, 7 Days.  
Color, Colored  
Married, Single, Widow or Widower, Single  
Occupation, Barber  
Birth Place, Balto.  
Duration of Residence in the City of Baltimore, All of life  
Place of Death, 553 Welcome alley  
Cause of Death, Cholera Infantum  
Duration of Last Sickness, Asthenia

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery  
Date of Burial, July 2 1889  
{ Undertaker, W. H. Chase }  
{ Place of Business, 641 Howard St } Address, 617 Sharps St  
Medical Attendant, W. S. Booz M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 823 Office of Registrar of Vital Statistics.

Ward 17<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 21 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Ross

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 11 Months, 11 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Calto

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give Street and Number. } 12 West St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Stomach

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24 1887

Undertaker, Charles Ross

Place of Business, 404 Conway St Address, 617 Sheen St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

# Health Department, City of Baltimore.

Permit No. 824 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7 1887

Full Name of Deceased, John W. Meisner { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 3 Months, 3 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, Baltimore Md { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 113 East Croft St { Give Street and Number. }

Cause of Death, Cholera Infantum { First (Primary), }  
Convulsions { Second (Immediate), }

Duration of Last Sickness, 25 Hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 3 1887

{ Undertaker, Christy } H. B. Tobler M. D. Medical Attendant.

{ Place of Business, 715 Light } Address, 301 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Health Department, City of Baltimore.

Permit No.

825

Office of Registrar of Vital Statistics.

Ward

10<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 1st 87.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ada Williams

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

2

Years,

6

Months,

Days.

Color,

African

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore, Md

Duration of Residence in the City of Baltimore,

2 1/2 yrs

Place of Death,

{ Give Street and Number. }

# 4 Froyney

Richitia

Cause of Death,

{ First (Primary),

Second (Immediate),

Colic

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sumner Cemetery

Date of Burial,

July 2nd 1887

Undertaker,

H. W. Bishop

Place of Business,

97 David Hill

Address,

406 N. Mulberry St.

J. R. Pennington M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 826 Office of Registrar of Vital Statistics. Ward 9<sup>5</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2, 1887

Full Name of Deceased, Henry Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 7 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, {State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, {Give Street and Number. } 317 St Paul St

Cause of Death, {First (Primary), \_\_\_\_\_  
Second (Immediate), Convulsions

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 2 '87

{ Undertaker, Geo. Rinehart } {Phys. J. H. Ward M. D. }  
{Place of Business, Health Office } {Address, 605 St Paul }  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 827 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30. 1887

Full Name of Deceased, Mollie Sauer

Sex, Male or Female, Male

Age, 11 Years, 11 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, ✓

Birth Place, Balk

Duration of Residence in the City of Baltimore, Life

Place of Death, 1120 S. Charles

Cause of Death, Cholera Infantis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bree Cemetery

Date of Burial, July 2<sup>nd</sup> 1887

Undertaker, Daniel K. Ryan M. D.

Place of Business, 42 E. West St. Address, 578 Harrison St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 828 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15<sup>th</sup> 1887

Full Name of Deceased, Charles A. Sears

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years, 4 Months, 0 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wash DC

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give Street and Number.} 11 POND ST

Cause of Death, {First (Primary), Gastro-enteritis  
Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 2<sup>nd</sup> 1887

{ Undertaker, Henry W. Jenkins & Son M. D.

Medical Attendant.

{ Place of Business, Park & Jonathan St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department City of Baltimore.

Permit No. 829 Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 1<sup>st</sup> 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodosia Forrester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 4.5 Years,      Months,      Days

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,     

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,     

Place of Death, {Give Street and Number.} 227 Chestnut St

Cause of Death, {First (Primary),} Heart disease  
{Second (Immediate),} Dropsy

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, July 2<sup>nd</sup> 1887

Undertaker, Geo. Pinehart E. C. Baldwin M. D. Medical Attendant.

Place of Business, Health Office Address, 124 N. Eyster

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 830 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 1<sup>st</sup> 1887

Full Name of Deceased, Frederick August Grubert  
(Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or ~~Female~~, (Cross out the word not required in this line.)

Age, 7 Years, 7 Months, 7 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, none

Birth Place, Baltimore Md.  
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, lifetime

Place of Death, 1538 N. Gay St.  
(Give Street and Number.)

Cause of Death, Death from Acute Meningitis -  
(First (Primary), Second (Immediate),)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cem

Date of Burial, July 2<sup>d</sup> 1887

Undertaker, H. Gander & Son M. D.

Place of Business, 1710 Canton St. Address, 1429 N. Gay St.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]